

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

695
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

FOR OFFICE USE ONLY

Postmark Date: 11-2-98

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CKH 11/2/98

\$10.00 CLECO

1. NAME FONTENOT KIM W.
Last First MI

2. BUSINESS PHONE 318 - 942 - 8078
Area Code and Phone Number

3. BUSINESS ADDRESS 369 EAST LANDRY, OPELOUSAS, LA 70570
Street and No. City State Zip

4. EMPLOYER CLECO

5. EMPLOYER'S ADDRESS Post Office Box 5000 Pineville LA 71361-5000
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name CLECO

Address Post Office Box 5000, Pineville, LA 71361-500 (2030 Donahue Ferry Rd.)

Business or purpose Investor-owned electric utility

Does this person pay you? yes

If No, who pays you? _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

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3. Name Kim W. Fontenot

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

5. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

State of LOUISIANA

Parish of RAPIDES

Before me, the undersigned authority, personally came and appeared Kim W. Fontenot, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Kim W. Fontenot
Signature of Lobbyist

Sworn to and subscribed before me on this 26th day of

January, 1998

James A. Alban
Notary Public

ATTACH
2" x 2"
PHOTOGRAPH

REG. NO. _____
FILE

